Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD __County

14-462 No._

File_	_	
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	11ay 2011/x	<u>S</u>
	Date of Application	

MALE Medical Examination Report Dated 5-6-75	FEMALE Medical Examination Report Dated 5-14-75
Name of Physician Durton V. Kaplon	Name of Physician Louest Luceur We
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False stattion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	ement-Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name ()First Middle () Last
Date of Birth Month Day Year 9.55	Date of Birth Month Day 18 Year 5/2
Place of Birth (State or foreign count)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Street or R. H. City County / State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro (specify)	Last Marriage Ended By: Death Divorce Allminment
Usual Occupation Date of birth verified by: Birth Cert. Dudicial Service	Color or Race White Negro Other (specify)
Other (Specify)	Usual Occupation
1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? Of Unsound Mind? Nor → Yes →	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind? No \(\) Yes \(\)	1. Are you now or have you been adjudged, diagnosed or considered as:
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? If answer to 3 is "yes" has the cause of such condition been removed? No Yes	An Imbecile? No Yes
4. Are you afflicted with a transmissible disease? No \(\subseteq \) Yes \(\subseteq \)	Of Unsound Mind? No Yes 2. Are you under guardianship as a person of unsound mind? No Yes
5. Are you related to the bride closer than second cousin? No Yes C. Are you now under the influence of intoxicating liquor? No Yes C.	3. Are you afflicted with a transmissible disease? No Yes
7. Are you now under the influence of a narcotic drug? 8. Are you able to support a family? Yes. No	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue?	5. Are you now under the influence of intoxicating liquor?
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic dya? No Yes
(a) List their full names, ages and addresses Name Age Address	Residence of father (if deceased so state)
	Occupation of father Supervisor Littles Race of father Same
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother
(c) Are you complying with any court order or orders issued for their support?	Residence of mother (if deceased so state)
11. Full name of father (if deceased so state)	Occupation of mother Race of mother Multipurk
Occupation of father (17 deceased so state)	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country) Thelly wells Her	State of Indiana, Slouth ss: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother Dartha Hogan	X Dalana h 1 211 ta
Residence of mother (if deceased so state)	Signed / DUUM A DUUM
Occupation of mother Race of mother Birthplace of mother (State or foreign country)	New Address
State of Indiana, State of Indiana, I depose and state the information given in this application is true and correct.	Seen & Hasker Clerk FLOYD Circuit Court
Signed Trol Mough	- Court Court
New Address.	CONSENT OF PARENTS, PARENT OR GUARDIAN
Subscribed and sworn to before me this 23 day of 1925	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Halful Clerk FLOYD Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
	State of Indiana,
State of Indiana, County of	SignedFather
SignedFather	SignedMother
Signed	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me this	Clerk
COMPLETE IS MADDIACE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named nextice the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR County	ourt by written order issuedand filed
in authorizes and directs the issuance of	
	E AND MARRIAGE CERTIFICATE
	nse issued by the clerk of the Floyd Circuit Court
	, 19.75, authorizing the joining together as husband and wife
Neal M. Houflin Be it further remembered, the following marriage certificate was filed in my of	
	hereby certify that on the7.thday ofJune,
	at New Albany , County of Floyd , of Floyd County, State of Indiana
	Floyd County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for	
County. Dated this	<u>ــــــــــــــــــــــــــــــــــــ</u>
·	Signed Louis H. Marchino
	Official Designation Pastor June 10.75
Filed and recorded in accordance with the laws of the State of Indiana this	Signed Glann L. Hatfield Clerk
	FLOYD Circuit Court